

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/664,821
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4	3					
5	3		3			
6	3		3			
7	3					
8	3					
9	3					
10	3					
11	3					
12	3					
13	3					
14	3					
15	3		3			
16	3		3			
17	3		3			
18	3		3			
19	3		3			
20	2		2			
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27						
28						
29						
30						
31						
32						
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40			3			
41			3			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	0		3			
TOTAL DEP.	60		29			
TOTAL CLAIMS	10		32			

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						